



VFC Influenza Vaccine Order Form 2011- 2012

Contact: _____

PIN: _____

Facility: _____

Date: _____

Address: _____

Phone: (_____) _____

Email: _____

Fax: (_____) _____

Deliveries ☐ MON From: _____ to _____ ☐ TUE From: _____ to _____ ☐ WED From: _____ to _____

Received: ☐ THUR From: _____ to _____ ☐ FRI From: _____ to _____

DIRECTIONS: Complete the boxes below with your requested number of doses for influenza vaccine. Please order enough vaccine to cover the entire influenza season. Orders will be filled over the course of the season as the vaccine becomes available at McKesson. We may modify your order based on your Provider Profile numbers, your past influenza vaccine usage, and vaccine availability. Orders could also be affected by manufacturer/CDC delay or supply. Please keep a copy of your order.

Submit the completed order form by **fax to 800-318-0810 by AUGUST 5, 2011.**

VFC Eligibility determined by age <19 years, meeting one or more of the following:

[Medicaid / Medicaid HMOs / No Health Insurance / American Indian or Alaskan Native / Underinsured at FQHCs/RHCs]

WARNING: To use these vaccines for someone that is not VFC eligible constitutes FRAUD.

Vaccine for VFC Patients:

Doses Requested

6-35 months*	
36 months through 7 years of age*	
8 through 18 years of age*	
FluMist® (live, intranasal), for VFC-eligible children 2 through 18 years of age*	

Vaccine Information Sheets (VIS)

The 2011-2012 Influenza VIS will be updated and posted for printing on the CDC website at:
<http://www.cdc.gov/vaccines/pubs/vis/#flu>

* **NOTE:** The VFC Program will make every effort to accommodate your request, given the availability of the vaccine.

If you have any questions regarding your orders, please call

(800) 282-8672 or (302) 744-1060

